

**SPM 1:** *Percent of children less than 12 years of age who receive one physical exam a year.*

Annual Objective and Performance Data	Tracking Performance Measures (Sec 485 (2)(2)(B)(iii) and 486 (a)(2)(A)(iii))				
	2000	2001	2002	2003	2004
Annual Performance Objective	78.0	78.5	79.0	79.5	80.0
Annual Indicator	76.3	736.	74.4	72.6	
Numerator	663,000	651,000	661,000	617,000	
Denominator	869,000	885,000	889,000	850,000	
Is Data Provisional or Final				Final	Provisional
	2005	2006	2007	2008	2009
Annual Performance Objective	80.5	81.0	81.5	81.5	81.5

#### Notes - 2002

Source: Wisconsin Department of Health and Family Services, Division of Health Care Financing, Bureau of Health Information, Family Health Survey, 2001. Madison, Wisconsin, 2003. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. Numerator: Weighted data.

Denominator: Weighted data. Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations. Data for 2002 are not available from the Bureau of Health Information until mid-2004.

#### Notes - 2003

Source: Wisconsin Department of Health and Family Services, Division of Public Health, Bureau of Health Information and Policy, Family Health Survey, 2003. Madison, Wisconsin, 2005. The annual Wisconsin Family Health Survey is a random digit dial telephone survey that collects and reports information about health status, problems, insurance coverage, and use of health care services among Wisconsin residents. Numerator: Weighted data. Denominator: Weighted data.

Data issues: We did not revise subsequent year's objectives; the data reflect random fluctuations.

#### Notes - 2004

Data for 2004 are not available from the Bureau of Health Information and Policy until 2006.

#### a. Last Year's Accomplishments

The performance measure relates to Wisconsin's Priority Need #2 - Health Access and is identified in Healthiest Wisconsin 2010, the state's public health plan. Special access issues exist for those living in rural communities, seasonal and migrant workers, persons with special health care needs, the uninsured and underinsured, homeless persons and low income members of racial or cultural minority groups.

#### 1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN

The annual health exam activity is a direct health care service for children under age 12, including children who have special health care needs. The target group for services funded by the Title V block grant are those children who are uninsured or underinsured in Wisconsin and would otherwise not have access to primary preventive services. For the contracts in 2004, 22 LHD's and other private non-profit agencies submitted objectives to provide or assure MCH

supported well-child exams for children under age 21 years, including those with special health care needs. Twelve of the LHDs contracted to directly provide comprehensive well-child exams.

MCH providers used the SPHERE data system. In 2004, 1042 unduplicated clients aged 0-12 years were assessed for health care utilization and recorded within the SPHERE data system. Of those, 744 reported having a routine health exam within the last 12 months.

According to the DHFS Family Health Survey in 2004, 79.5% of children under 12 years of age were reported at time of the telephone survey that they had a general physical exam in past year (Data Source: FHS, 2004). This is more than the 72.6% reported in the 2003 survey. The annual DHFS Family Health Survey is an annual random telephone survey of households in Wisconsin.

2. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

The "Covering Kids" Program, funded by RWJ was awarded to University of Wisconsin Extension. Title V MCH/CSHCN Program continued involvement in an advisory capacity to the grant activities.

Overall family Medicaid enrollment increased about 28,414 in calendar 2004, from 500,904 in December 2003 to 529,318 in December 2004. To the extent that increased enrollments contribute to increased access to health care services, this increase portends greater number of physical examinations rendered. The family Medicaid program most specific to children, Healthy Start, likewise increased in enrollment in calendar 2004, from 124,662 in December 2002, to 138,731 in December 2004. In 2003, about 93% of Wisconsin children had health insurance coverage yet some 86,000 (7% of the 1,300,000 children in the state) were uninsured.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
1. Comprehensive well-child exams	X			
2. Support the "Covering Kids" Program Funded by Robert Wood Johnson Foundation		X		

#### **b. Current Activities**

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN

For the 2005 consolidated contracts, 21 LHDs and other private non-profit agencies submitted objectives to provide or assure access to primary preventive exams. The primary preventive exams must be provided by the agency and assure quality services by utilizing the following document as guidance for best practice in the organization and delivery of services: "Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents", Second Edition.

2. Governor's KidsFirst Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. The four focus areas are entitled Ready for Success, Safe Kids, Strong Families and Healthy Kids. This direction from the Governor and his cabinet leaders will provide a course for state programs to increase health exams for children by improving access to primary preventive services.

**c. Plan for the Coming Year**

1. Comprehensive Well-Child Exams--Direct Health Care Services--Children, including CSHCN  
Title V MCH/CSHCN Program remains committed to improving access to health care so that primary, preventive health care is available to young children. The Title V MCH/CSHCN Program will continue to provide funds through the consolidated contract process for primary, preventive health care to young children who are uninsured or underinsured. Since the LHDs use these funds according to general program guidelines and to address local identified needs, the impact of MCH funds supporting a provision of primary, preventive health care will be gap filling.

2. Governor's KidsFirst Initiative--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In May 2004, Governor Doyle announced a 4-part KidsFirst Initiative. Part 4 is Healthy Kids and includes focus activities that will improve child access to primary preventive services. These areas include: Provide all Children with Health Care Coverage, Improve Oral Health Care, and Immunize Children on Time. The MCH program will provide leadership and participation in action steps toward improvements in these health-related areas.

3. Support the "Covering Kids" Program Funded by the Robert Wood Johnson (RWJ) Foundation--Enabling Services--Pregnant women, mothers, infants and children, including CSHCN

In cooperation with UW-Extension, the Title V MCH/CSHCN Program will continue to provide support for state and local coalitions, funded by RWJ. These coalitions are funded to increase outreach for uninsured children and their families and to enroll them in state supported health insurance programs, such as BadgerCare. This activity will assist children and their families to access mechanisms to pay for primary prevent health exams. The Covering Kids grant to UW Extension is funded through 2006.